

Analyzing Antecedents of Health Care Workers' Performance Through Emotional Labor and Mediating Role of Emotional Exhaustion

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Abstract

The focus of this study is to reveal the impact of emotional labor (deep acting and surface acting) on health care workers' performance. The mediating role of emotional exhaustion in the relationship between emotional labor and health care workers' performance is also examined. Data collection was conducted through an adopted questionnaire from health care workers of reputed hospitals. Out of 250 distributed questionnaires 230 were fully responded. SPSS and Smart PLS version 4 were used to analyze the respondents' feedback. Results proved that current study provided a better knowledge of emotional labor, performance and its outcomes on employee's attitude and job outcomes. However, hypothesis testing proved that emotional labor dimensions can have positive and negative outcomes on employee performance and it depends upon the categorization into surface acting and deep acting. Also, emotional exhaustion plays partial mediation. This study aims to unfold the challenges faced by the hospital employees regarding choice of emotional labor dimensions, their positive and negative outcomes and support from supervisors to manage the situation. Similarly, there are very limited studies conducted with the mediating role of emotional exhaustion in previous literature Future research is required to find out the other determinants of health care worker performance. Also, studies should examine the other intervening variables between emotional labor and employee's performance and also between emotional exhaustion and employee performance. Current study will examine the antecedents and consequences of emotional labor on employee performance. The outcomes of study will give practical insights to hospitality industry. Following are a few areas in which study findings will be implicated practically and socially like selection of employees, training, team harmony, and compensation.

Keywords

Emotional labor, deep acting, Surface acting, Emotional Exhaustion, Health care workers' performance.

INTRODUCTION

Health care professionals frequently have direct or indirect interaction with the customers of the service sectors they work in. Employees are under constant pressure from management to pick up on, practice, and apply taught emotions when interacting with consumers since employees' emotions, gestures, and postures are so crucial when they come into touch with clients (1). In hospitals, there is a critical necessity to regulate gestures and emotions. Therefore, it is hard to overlook the significance of emotions in the service sector, especially when nurses and medical professionals engage with patients and express their feelings (2).

The idea of emotional labor was first put forth by Hochschild (3). According to her definition, emotional labor is a strategy for receiving recompense at work by managing one's mood in exchange for cash (4). It was stated that emotional labor was "the display of expected feelings" during work. Service-oriented occupations including teaching, nursing, customer service, and hospitality are frequently linked to emotional labor. Employees in these industries are expected to regulate their emotions so that the client or customer has a favorable experience in addition to doing their job obligations properly.

Employees often maintain their emotions in reaction to exhibiting norms, which can lead to "surface" or "deep" acting. By cautiously applying spoken and non-spoken clues such body language, actions, and accent, surface actors attempt to portray unfeeling emotions and/or repress felt emotions (5). According to study, in deep acting, "the actor does not try to seem happy or sad but rather expresses... a real feeling that has been self-induced." (6). additionally, there are times when workers may reveal their true feelings (7).

Other research has looked at the connection between emotional exhaustion and a range of outcomes, including work satisfaction, intention to leave, and physical health. For instance, a study discovered that among hotel employees, emotional exhaustion was positively connected to turnover intention and adversely related to job satisfaction (8). Scholars observed in a different study that

emotional exhaustion among healthcare personnel was positively correlated with complaints about their physical health (9). The majority of the study points to emotional exhaustion as a serious and ubiquitous workplace issue that can have detrimental effects on both people and companies. It emphasizes how crucial it is to address emotional labor and offer services to support workers in successfully managing their emotions in order to prevent and lessen emotional exhaustion.

Emotion regulation theory, which can support our argument, can be added to the theory that underpins the study's hypothesis. In accordance with theory, people must constantly and continuously regulate, organize, and manage their emotions, deciding which feelings to keep hidden and which to display. According to the notion of emotion regulation, people employ a number of tactics to control their emotions in order to achieve desired emotional states and avoid unfavorable ones (10). These techniques, which can be instinctive or deliberate, may involve reducing the strength, length, or intensity of emotional expression.

The service sector of Pakistan's economy was a focus of the recent study, which is quite important. In developed nations, the GDP contribution from the service sector exceeds 50%, and in underdeveloped nations, the contribution is around the same. The health care business is still a subject of research in industrialized nations, but because of the complexity of the issue, emerging nations like Pakistan have placed less attention on it. In the past, a few studies have been done to discover emotional labor manifestations and employee response in Pakistani banks and cellular firms (11).

In conclusion, emotional labor management is important in the healthcare industry for a number of reasons, including patient satisfaction, healthcare worker well-being, patient outcomes, organizational culture, teamwork, ethical behavior, conflict resolution, patient safety, workforce retention, and continuous improvement. Healthcare organizations can create a good and encouraging environment that is advantageous to both healthcare personnel and patients by recognizing and efficiently managing emotional labor.

There are a few researchers who have studied the relationship between emotional labor and employee performance, thus locating those studies might be a useful contribution to the body of existing information. Additionally, the present research will offer a full understanding and profound knowledge into the range of issues experienced by medical staff, such as consciousness of emotions, consciousness of other emotions, and self-management of feelings when carrying out demanding tasks at work. Additionally, it can provide more insightful knowledge for upcoming researchers, scholars, and

healthcare industry strategists in the setting of economically disadvantaged nations like Pakistan.

RESEARCH OBJECTIVE

The following lists the research's particular objectives.

- 1:** To investigate the impact of emotional labor (surface acting and deep acting) on health care workers' performance.
- 2:** To deepen understanding about the relationship between emotional labor and emotional exhaustion.
- 3:** To deepen understanding about the relationship between emotional exhaustion and health care workers' performance.
- 4:** To find out that how emotional exhaustion mediates the relationship between emotional labor and health care workers' performance.

MATERIAL AND METHODS

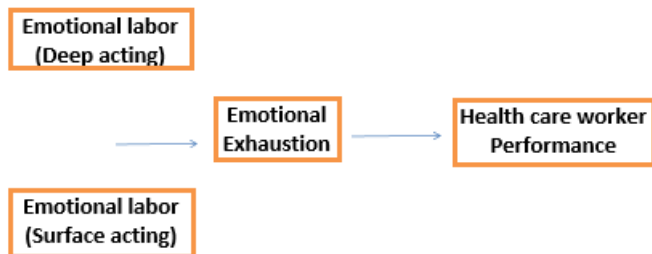
To accomplish the research goals and test the proposed hypothesis, a quantitative correlational investigation is being created. The aim of the investigation is to examine the effects of emotional labor, including deep-acting and surface-acting, on worker efficiency in healthcare organizations while taking emotional exhaustion into consideration. The research evaluation was conducted over a five-month period, from March 2023 to July 2023. The five-month span permit the investigators plenty of duration to thoroughly compile and examine the information they had gathered from healthcare providers in the major cities of Pakistan.

The convenience sampling technique was used in this study to collect data. The representative group includes healthcare professionals from private as well as public facilities. The information was gathered through 250 answers to a self-administered survey. The questionnaire was delivered together with a cover letter assuring the reader of the research's educational aims and outlining its purpose, which is to clarify the place of emotional labor in work settings. When 250 people were polled at once, 230 of the forms were correctly filled out. Due to their deficiencies, the rest of the questionnaires were eliminate.

After acquiring the required ethical authorizations from RIPHAH International University's Institutional Review Board, this research investigation was carried out. Consultation with the appropriate regulating organizations and the ethical review committee resulted in their approval. Written and verbal consent was required from every respondent in the study, and any reluctance they may have felt to share personal information was allayed by giving each participant an individual number for their responses. To make sense of the data and offer results, SPSS version 22 and Smart PLS version 4 were used for assessment. A self-administered questionnaire was preferred for

collection of data. There was a five-point likert scale response for all scale items, with 1 being strongly disagree and 5 being strongly agree.. There were other factors like gender, age, education, and experience.

Conceptual Framework



Scales and Measures

There were two independent variables (Deep acting and surface acting). Twenty three items are of emotional labor (Deep acting, Surface acting) are adapted for analyzing the construct of emotional labor (12). The dependent variable for this study is health care worker job performance. It was measured by eight items (13). There was one mediating variable in this study that is emotional exhaustion (14). This is a short and comprehensive scale with 9 items.

RESULTS

Demographics of sample

Four demographics were studied during this investigation. The investigation revealed that out of a total representative sample of 230, men made up 34.3% of the total number of participants while women made up 65.7%. In accordance with the target audience's academic breakdown, merely 37.4% of the participants had an MS or M Phil degree, 24.8% finished their master's program, and 37.8% of those were graduates.

In the present investigation, the population being studied consisted of workers aged 20 to 30 who made up 87.3 percent of the workforce as well as 12.2% of whom belonged between the ages of 31 and 40. The outcomes indicate that, out of the 230 those surveyed, 18.3% of workers have a year or fewer of job expertise, 56.1% have between one and two years' worth, 11.7% have between two and five years' worth, and 13.9% possess greater than five years' worth.

Reliability Analysis

The variables that reflect the instrument's reliability are containing in the reliability analysis's outcomes. Where ethical deep acting scale having .668 Cronbach alpha reliability, surface acting reveals .789, employee performance having .699 and emotional exhaustion having .913 Cronbach alpha reliability.

Smart PLS

Confirmatory factor Analysis (CFA)

Confirmatory factor analysis (CFA) was employed to assess the measurement model's compatibility with the data. The average variance extracted (AVE) with an advocated value of >0.5, factor loading of measures using a preferred value of >0.6, and composite reliability with a minimum threshold of >0.7 were used in the CFA to determine convergent validity.

The below figure displays results of the second step in the Confirmatory Factor Analysis (CFA). This step involved the removal of items with factor loadings less than the established threshold of 0.6. By doing so, only items with a strong association to the construct were included in the analysis. The refined item scales, after the exclusion of items with low factor loadings, can be seen in the figure. This level of CFA provides a more precise representation of the association between the items and the construct being studied, thereby enhancing the accuracy and reliability of the results.

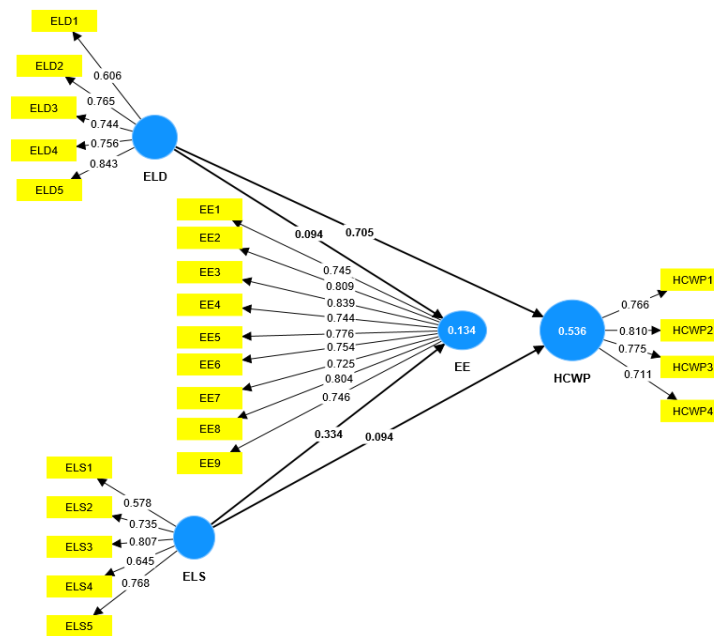


Figure 1: confirmatory factor analysis (CFA) 2nd level

Table 1: Convergent Validity

Latent variable	Items	Factor Loadings	Cronbach's alpha	Composite Reliability	AVE
Emotional labor (Deep acting)	ELD 1	0.476	0.735	0.843	0.598
	ELD 2	0.470			

	ELD	0.594			
	3				
	ELD	0.774			
	4				
	ELD	0.303			
	5				
	ELD	0.707			
	6				
	ELD	0.232			
	7				
	ELD	0.785			
	8				
	ELD	0.803			
	9				
	ELD	0.059			
	10				
Emotional labor (surface acting)	ELS	0.702	0.781	0.757	0.506
	1				
	ELS	0.559			
	2				
	ELS	0.325			
	3				
	ELS	0.490			
	4				
	ELS	0.586			
	5				
	ELS	0.203			
	6				
ELS	0.686				
7					
ELS	0.638				
8					
ELS	0.260				
9					
ELS	0.584				
10					
ELS	0.503				
11					
ELS	0.601				
12					

	EE9	0.737			
Health care Worker performance (HCWP)	HCWP	0.388	0.719	0.775	0.588
	1				
	HCWP	0.355			
	2				
	HCWP	0.752			
	3				
	HCWP	0.289			
	4				
HCWP	0.763				
5					
HCWP	0.822				
6					
HCWP	0.397				
7					
HCWP	0.627				
8					

Discriminant Validity

Discriminant validity is used to assess how different constructs differ from one another. The Fornell-Larcker method of assessing discriminant validity had been challenged by many academics as being too forgiving. The heterotrait-monotrait (HTMT) ratio is used to evaluate the discriminant validity as a result. The values in Table 2 are less than 0.90, which complies with the proposed threshold value for establishing discriminant validity (15).

Table 2: Discriminant Validity - Fornell and Larcker Criterion

	EE	ELD	ELS	HCWP
EE	0.772			
ELD	0.170	0.746		
ELS	0.355	0.228	0.712	
HCWP	0.130	0.727	0.255	0.766

Table3: Discriminant validity -Heterotrait -Monotrait Ratio (HTMT).

Emotional Exhaustion (EE)	EE1	0.725	0.916	0.929	0.557
	EE2	0.828			
	EE3	0.863			
	EE4	0.759			
	EE5	0.794			
	EE6	0.727			
	EE7	0.733			
	EE8	0.784			

	EE	ELD	ELS	HCWP
EE				
ELD	0.235			
ELS	0.367	0.366		

HCWP 0.225 0.867 0.314

Note: **ELD:** Emotional labor (deep acting), **ELS:** Emotional labor (Surface acting), **EE:** emotional exhaustion), **HCWP:** health care worker performance.

HYPOTHESIS ANALYSIS

Structural model (path analysis)

In order to determine the viability of the suggested model, the hypothesis testing was carried out using the bootstrapping approach. The P-values, t-statistics, and path-coefficient values used to evaluate the results are revealed in the table below. With the exception of the mediation hypothesis, all of the hypotheses presented in this research study were found to be valid after careful statistical analysis.

Table 4: Summary of hypothesis analysis

Hypothesis Path Decision	Beta	t values	p values
ELD → HCWP H1	0.729	12.239	0.000
Supported			
ELS → HCWP H2	0.379	6.204	0.000
Supported			
ELD → EE H3	0.225	4.718	0.000
Supported			
ELS → EE H4	0.391	7.461	0.000
Supported			
ELD → EE → HCWP H5	0.526	6.271	0.021
Supported(partial mediation)			
ELS → EE → HCWP H6	0.533	5.263	0.024
Supported(partial mediation)			
EE → HCWP H7	0.503	5.341	0.010
Supported			

Bootstrap results	Beta	t	P
Indirect effect of ELD → HCWP	0.028	5.267	0.000
Indirect effect of ELS → HCWP	0.032	6.167	0.010

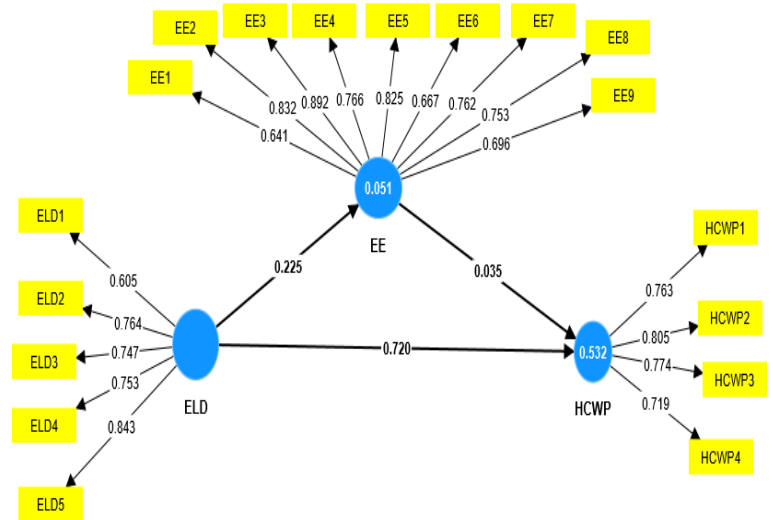


Figure 2: Mediating role EE between ELD and HCWP.

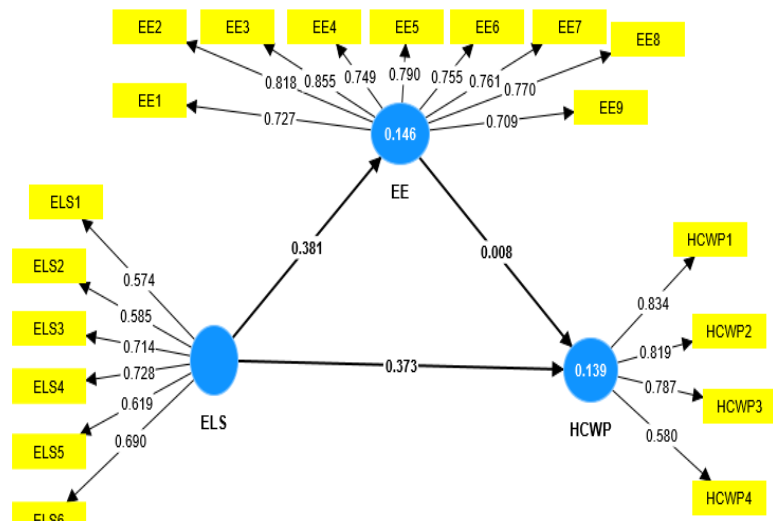


Figure 3: Mediating role of EE between ELS and HCWP

Given that the path coefficient was 0.729, the T-value was 12.239, and the P-value was 0.000, the results of the

DISCUSSION

investigation indicated that this hypothesis had been approved. This indicates that the hypothesis, which contends with the amount of deep acting correlates with the degree of efficiency among healthcare personnel, has been backed by the evidence presented. (H1). The theory of emotional regulation supports the outcome. According to this theory, the association between emotional labor (specifically deep acting) and healthcare worker performance can be understood through the lens of emotion regulation strategies.

Deep acting is actually feeling and expressing emotions that adhere to the required display guidelines in a specific circumstance. Deep acting has been shown in studies to be a sort of regulation of emotions that can enhance the performance of healthcare workers. For instance, a study surveyed the connection between nurses' job performance and emotional labor (16). They discovered that deep acting, a technique to regulate emotions, was favorably related to work performance. Deep acting by nurses enhanced performance outcomes because they were better able to create connection with patients, address their emotional needs, and provide compassionate care.

The second hypothesis emphasizes on the detrimental association between Surface acting and the performance of healthcare providers. Given that the path coefficient value was 0.379, the T-value was 6.204, and the P-value was 0.000, the findings suggest that this alternative hypothesis was likewise supported. This implies that employee performance increases in direct proportion to the level of Surface acting. (H2).

Emotional labor, in particular surface acting (faking or concealing emotions), may have an effect on healthcare workers' performance, claims the emotional regulation theory. Healthcare professionals may experience emotional strain and dissonance while performing a surface act, which demands them to show emotions that are inconsistent with their actual feelings (17). For instance, a study looked at the connection between nurses' performance and their emotional labor techniques. The results showed that emotional exhaustion and lower job performance were substantially correlated with surface acting (18). In a similar vein, another study indicated that among call center staff working in a healthcare setting, surface acting was associated with emotional weariness and worse job satisfaction (19). These results underscore the significance of adopting emotional regulation measures in healthcare settings by indicating that the emotional dissonance brought on by surface acting might negatively affect health care worker performance.

The third hypothesis, which is backed by the outcomes of the SEM analysis, emphasizes the adverse association between deep-acting emotional exhaustion. The path coefficient value was 0.225, the T-value was 4.718, and the P-value was 0.000, and the results support this hypothesis.

This suggests that the level of a health care worker's performance increases with their amount of deep acting. (H3). The fourth idea focuses on the connection between emotional exhaustion and surface acting that is favorable. The path coefficient value was 0.391, the T-value was 7.461, and the P-value was 0.000, indicating that the results are consistent with this hypothesis. This suggests that the evidence does support a strong positive correlation between emotional exhaustion and surface acting. (H4)

The outcomes of our study validate earlier research showing showed emotional labor had beneficial as well as detrimental impacts on emotional tiredness. To be clear, surface acting is suggested to be harmful to worker wellness since it has a positive connection with emotional exhaustion, while deep acting has an adverse association with emotional exhaustion. On the other hand, deep acting is effective in reducing emotional weariness (20).

Many aspects of emotional work are now being studied by academics, while others have hypothesized whether these aspects might have distinct impacts. According to a study, the primary stressor between emotional labor techniques is surface acting. Emotional exhaustion was found to be substantially related with emotional labor a systematic review and surface acting. (22).

Further investigations have confirmed the similar connections between emotional weariness and surface acting (23). Under the description, deep acting is going to generate emotional alignment. Contrary to what was earlier demonstrated. (24), there has been no established connection between deep acting and emotional tiredness. Deep acting could come with a variety of implications on emotional tiredness. Deep acting, nevertheless very rarely or never directly correlates with emotional exhaustion

The mediation of emotional exhaustion between emotional labor health care workers performance (H5&h6) was tested using smart PLS 4. This analysis shows that emotional exhaustion partially mediates the connection between emotional labor (deep acting and surface acting) and health care workers job effectiveness which means emotional exhaustion is a determinant of emotional labor.

In order to comprehend how emotional labor affects job performance more thoroughly, it is crucial to take into account the intermediary mechanisms. Few investigations have looked at whether emotional labor is the mediating variable of emotional exhaustion and job performance, even though many studies have verified the relationship between emotional labor, emotional exhaustion, and job performance. SEM analysis was used in the empirical investigation that was conducted to answer this research problem. We discovered that emotional exhaustion primarily mediates how surface and deep acting affects job performance.

An investigation into the relationship between surface acting and emotional exhaustion discovered that job autonomy had a numbing influence (25). If so, the implications of these discoveries for hospitals would be significant and practical. The findings of this investigation is to grab the attention of hospital leadership officials who may help staff adopt the proper mindset, exercise suitable emotional restraint, and apply patient interaction tactics instead just enforcing laws that forbid emotional displays by staff members. The need for education and training to support health care personnel in demonstrating more acceptable and advantageous approaches of emotion management is an important message for hospital managers. Such training could aid staff in developing and extending true hospitality to patients.

The results of the SEM analysis indicate that emotional exhaustion has a negative connection with the performance of healthcare personnel (H7). The path coefficient value was 0.503, the t-value was 5.341, and the p-value was 0.010, and the findings support this hypothesis to some extent. The performance of healthcare workers may suffer as a result of emotional exhaustion, which is a state brought on by ongoing job demands and stress. Numerous studies have examined this relationship, highlighting the detrimental effects of emotional exhaustion on various aspects of performance in healthcare settings. For example, a study investigated the influence of emotional exhaustion on job effectiveness among healthcare workers in hospitals. (26). Higher degrees of emotional exhaustion have been associated with decreased self-rated job performance, exhibiting a negative association between emotional exhaustion and performance, according to the study.

CONCLUSION

The purpose of the current study is to determine how emotional labor affects health care workers' performance and how exhaustion plays a mediating function. In general, our proposed conceptual model is desired, and the findings are consistent with our hypothesis. The connections made by our study help to explain the problems and questions around it. Emotional labor must be treated seriously as a way that people, communities, and organizations behave. Similar effects include those on customer happiness, brand loyalty, and an organization's financial performance. Researchers in the hospitality industry looked into emotional labor as a novel and distinct subject, and they found that the people who work in this field need to be respected by the general public. Employees are the backbone of every firm, and leaders and managers are able to play a significant role in helping to resolve their concerns and issues. Therefore, it was intended that the outcomes of this research would inform professionals in the lodging industry that emotional labor is detrimental to

organizational performance and must be handled with appropriate and proper procedures.

RECOMMENDATIONS

This study revealed that the healthcare industry should put an emphasis on hiring workers who are emotionally intelligent and capable of working in teams and with peers. When employing new personnel, they ought to use the emotion control scale as well. When the hiring process is underway, the top management should pay special attention to the individuals who can mentor others and build stronger teams. Positive motivation that is given through training can raise an employee's productivity and strengthen their devotion to the company. In a similar vein, it will present a chance to provide individuals who are under stress at work with some relief. Only thorough training will enable employees to control their rage and irritation.

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